C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@dhw.idaho.gov

July 1, 2008

Mary Detienne Panhandle Health District 8500 North Atlas Road Hayden, Idaho 83835

RE: Panhandle Health District, provider #137002

Dear Ms. Deteinne:

This is to advise you of the findings of the Medicare survey at Panhandle Health District which was concluded on June 5, 2008.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. It is important that your Plan of Correction address each deficiency in the following manner:

- 1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for <u>all</u> individuals potentially impacted by the deficient practice.
- 2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
- 3. Identify the date each deficiency has been, or will be, corrected.
- 4. Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **July 14, 2008**, and keep a copy for your records.

Mary Detienne July 1, 2008 Page 2 of 2

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

PATRICIA O'HARA Health Facility Surveyor Non-Long Term Care SYLVIA CRESWELL Co-Supervisor Non-Long Term Care

PO/mlw

Enclosures

PANHANDLE HEALTH DISTRICT

Healthy People in Healthy Communities





July 10, 2008

Sylvia Creswell Co-Supervisor Non-Long Term Care Bureau of Facility Standards P.O. Box 83720 Boise, Id. 83720-0036 RECEIVED

JUL 1 4 2008

FACILITY STANDARDS

RE: Panhandle Health District, provider # 137002

Dear Ms. Creswell:

Enclosed please find the plan of correction for the survey completed the week of June 02, 2008. On behalf of my staff and the contractors who worked with Patricia O'Hara and Patrick Hendrickson, I would like to thank them for the professional manner with which they conducted the survey. Though we always remain in "ready" mode for a site visit, nonetheless there is an element of stress that accompanies these surveys. Patricia and Patrick conducted the survey with professionalism, collaboration and a spirit of cooperation that helped ease staff anxiety. Their approach fostered a learning atmosphere which I believe aids in our understanding and application of the conditions of participation.

Please feel free to contact me with any questions/concerns that you may have as you review this plan of correction.

Our goal is to continue to excellent patient care as we serve the residents of North Idaho with Home Health care services.

Thank you.

Sincerely yours,

Mary DeTienne, BA, R.N.

Home Health Division Administrator

Panhandle Health District I

Enc.

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA

IDENTIFICATION NUMBER:

PRINTED: 06/29/2008 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

COMPLETED

	137002			·G	06/05/2008	
	. And the second	B. WI	3. WING			
ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		
NDLE HEALTH D	ISTRICT			AYDEN, ID 83835		
(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHO	ULD BE	(X5) COMPLETION DATE
INITIAL COMMENT	S	G (000			
recertification surv surveyors conduct were:	rey of your agency. The ting the recertification survey			The state of the s	•	
				R for C for I V for his	J.	
Acronyms used in	this report:			JUL 14 2008		
OT - Occupationa SOC - Start of Ca POC- Plan of Car SN - Skilled Nursi HHA - Home Hea	I Therapy re e ng Ith Agency			FACILITY STANDARD		
484.14(g) COORI SERVICES The clinical record conferences estal I reporting, and cooccur. This STANDARD Based on record the HHA failed to services with other patients (#16 and 17), who one HHA discipling between discipling the appropriate of to resolve the pro-	d or minutes of case plish that effective interchange, pordination of patient care does is not m et as evidenced by: review it was determined that ensure that staff coordinated er disciplines for 2 of 11 perceived care from more than the Without communication es there is the potential for escipline having the opportunity blems associated with a		44	records or minutes of case conferenthat effective interchange, reporting, coordination of patient care does octollowing will take place: All SOC, evaluation and interventifor nursing, PT, OT, and ST will be include documentation that the pawas discussed with the appropriat discipline(s). See attachment A. At the beginning of each week all contractors will fax their weekly cof any therapy discharges for the names of patients with multiple involved to be discussed at patien conference at next scheduled paticonference. See attachment B. In preparation for patient care therapy contractors will complete conference form on therapy or that includes a summary of the attachment C.	ces establish and cur, the con visit forms e revised to tient care the contient care alendar, list week and the disciplines at care conference, ete the team aly patients eir care. See	
	SUMMARY ST. (EACH DEFICIEN REGULATORY OR INITIAL COMMENT The following defic recertification surv surveyors conduct were: Patricia O'Hara, R Patrick Hendricks Acronyms used in PT - Physical The OT - Occupationa SOC - Start of Ca POC- Plan of Car SN - Skilled Nursi HHA - Home Hea MD - Medical Doc 484.14(g) COORI SERVICES The clinical record conferences estal I reporting, and co occur. This STANDARD Based on record in the HHA failed to services with othe patients (#16 and 17), who one HHA discipling the appropriate di to resolve the pro-	SUMMARY STATEMENT OF DEFICIENCIES I (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS The following deficiencies were cited during the recertification survey of your agency. The surveyors conducting the recertification survey were: Patricia O'Hara, RN, HFS, Team Leader, Patrick Hendrickson, RN, HFS Acronyms used in this report: PT - Physical Therapy OT - Occupational Therapy SOC - Start of Care POC- Plan of Care SN - Skilled Nursing HHA - Home Health Agency MD - Medical Doctor 484.14(g) COORDINATION OF PATIENT SERVICES The clinical record or minutes of case conferences establish that effective interchange, I reporting, and coordination of patient care does occur. This STANDARD is not m et as evidenced by: Based on record review it was determined that the HHA failed to ensure that staff coordinated services with other disciplines for 2 of 11 patients (#16 and 17), who received care from more than one HHA discipline: Without communication between disciplines there is the potential for the appropriate discipline having the opportunity to resolve the problems associated with a	SUMMARY STATEMENT OF DEFICIENCIES I (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS The following deficiencies were cited during the recertification survey of your agency. The surveyors conducting the recertification survey were: Patricia O'Hara, RN, HFS, Team Leader, Patrick Hendrickson, RN, HFS Acronyms used in this report: PT - Physical Therapy OT - Occupational Therapy SOC - Start of Care POC- Plan of Care SN - Skilled Nursing HHA - Home Health Agency MD - Medical Doctor 484.14(g) COORDINATION OF PATIENT SERVICES The clinical record or minutes of case conferences establish that effective interchange, I reporting, and coordination of patient care does occur. This STANDARD is not m et as evidenced by: Based on record review it was determined that the HHA failed to ensure that staff coordinated services with other disciplines for 2 of 11 patients (#16 and 17), who received care from more than one HHA discipline. Without communication between disciplines there is the potential for the appropriate discipline having the opportunity to resolve the problems associated with a	SUMMARY STATEMENT OF DEFICIENCIES I (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS The following deficiencies were cited during the recertification survey of your agency. The surveyors conducting the recertification survey were: Patricia O'Hara, RN, HFS, Team Leader, Patrick Hendrickson, RN, HFS Acronyms used in this report: PT - Physical Therapy OT - Occupational Therapy SOC - Start of Care POC- Plan of Care SN - Skilled Nursing HHA - Home Health Agency MD - Medical Doctor 484.14(g) COORDINATION OF PATIENT SERVICES The clinical record or minutes of case conferences establish that effective interchange, I reporting, and coordination of patient care does occur. This STANDARD is not m et as evidenced by: Based on record review it was determined that the HHA failed to ensure that staff coordinated services with other disciplines for 2 of 11 patients (#16 and 17), who received care from more than one HHA discipline. Without communication between disciplines there is the potential for the appropriate discipline having the opportunity to resolve the problems associated with a	SUMMARY STATEMENT OF DEFICIENCES I (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) The following deficiencies were cited during the recertification survey of your agency. The surveyors conducting the recertification survey were: Patricia O'Hara, RN, HFS, Team Leader, Patrick Hendrickson, RN, HFS Acronyms used in this report: PT - Physical Therapy OT - Occupational Therapy SOC - Start of Care POC- Plan of Care SN - Skilled Nursing HHA - Home Health Agency MD - Medical Doctor 484.14(g) COORDINATION OF PATIENT SERVICES The clinical record or minutes of case conferences establish that effective interchange, I reporting, and coordination of patient care does occur. This STANDARD is not m et as evidenced by: Based on record review it was determined that the HHA failed to ensure that staff coordinated services with other disciplines for 2 of 11 patients (#16 and 17), who received care from more than one HHA disciplines Without communication between disciplines there is the potential for the appropriate discipline having the opportunity to resolve the problems associated with a prize of the appropriate discipline having the opportunity to resolve the problems associated with a prize of the appropriate discipline having the opportunity to resolve the problems associated with a prize of the appropriate of scriptions of the appropri	SUMMARY STATEMENT OF DEFICIENCIES I SUMMARY STATEMENT OF DEFICIENCIES I (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LOS IDENTIFYING INFORMATION) INITIAL COMMENTS The following deficiencies were cited during the recertification survey of your agency. The surveyors conducting the recertification survey were: Patricia O'Hara, RN, HFS, Team Leader, Patrick Hendrickson, RN, HFS Acronyms used in this report: PT - Physical Therapy OT - Occupational Therapy SOC - Start of Care POC- Plan of Care SN - Skilled Nursing HHA - Home Health Agency MD - Medical Doctor 484.14(g) COORDINATION OF PATIENT SERVICES The clinical record or minutes of case conferencese establish that effective interchange, I reporting, and coordination of patient care does occur. This STANDARD is not m et as evidenced by: Based on record review it was determined that the HHA failed to ensure that staff coordinated services with other disciplines for 2 of 11 patients (#16 and 17), who received care from more than one HHA discipline. Without communication between disciplines where is the potential for the appropriate discipline having the opportunity to resolve the problems associated with a ODIRECTORS OF PROVIDENCYSUPPLER REPRESENTATIVES BISMATURE.

(X2) MULTIPLE CONSTRUCTION

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA LAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) !	MULT)	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		137002			4G	06/05/2	
NAME OF P	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
PANHA	NDLE HEALTH	DISTRICT			500 N ATLAS ROAD IAYDEN, ID 83835		
(X4) ID PREFIX TAG	(EACH DEFICI	STATEMENT OF DEFICIENCIES I ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
	*Patient #17 was 7/9/07. His diagr quadriplegia, sei chronic sinusitis. hospitalizations. services. Sever patient's mother present in the reregular communiconcerning the patient #16 was 3/20/08. She recept. There was not Communicatic concerning the phad been hospit shoulder fracture.	Findings include: a a 10 year old male with SOC noses included spastic zure disorder, pneumonia and The patient had frequent He received SN and PT al PT visits were refused by the There was no documentation cord to indicate that there was ication between PT and SN patient's condition or concerning visits. a 93 year old female with SOC ceived services from SN, OT and to documentation in the record on between these disciplines patient's condition. The patient alized for a fall resulting in a	before	144	 	siplines, those pending and t staff splex med and family and family and to the gnature. The monthly and consibility for to the OBQl ors. Look at munication lence of g disciplines than one ants D,E. sedures will be anges. See ssed with all	
G 158	MED SUPER Care follows a vand periodically medicine, or medicine. This STANDAR Based on clinical interview it was to ensure that periodical purposes the disciplines by the doctor for and periodical periodica	written plan of care established reviewed by a doctor of edicine, osteopathy, podiatric. D is not met as evidenced by: al record review and staff determined that the HHA failed eatient care was delivered by according to the POC approved a 8 of 19 patients (#1, 7, 9, 11, 18), whose records were sessment of	G1	58	To ensure that the agency fo written plan of care establish periodically reviewed by a domedicine, osteopathy, or pod medicine, the following will ta Policy and procedures will to accept visit ranges ie., 2 weeks and PRN visits may requested as long as they a qualified. This change in preduce the number of miss visits. See attachment K. Technical Records Special responsible for reconciliation with MD orders using the S software system. If missed	ed and ctor of latric like place: be revised -4 X/wk X 8 be are ractice will ed/extra lists will be on of visits lansio	801/08
EODM CMS-	2567(02-99) Previous \	/ersions Obsolete Event ID: B9L511	<u> </u>		occur, the physician will be Facility ID: OAS001430 If continu	notified by Jation sheet Pag	 e 2 of 8

PRINTED: 06/29/2008 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) I	MULT	TPLE CONSTRUCTION	(X3) DATE SUF COMPLETE	
		137002	A. BU	ILDII	NG	06/05/	เวกกร
		13/002	B. WI	NG _		U0/U0/	£000
NAME OF F	ROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
PANHA	NDLE HEALTH D	ISTRICT		l .	3500 N ATLAS ROAD HAYDEN, ID 83835		
		ATEMENT OF DEFICIENCIES I	ID	1	PROVIDER'S PLAN OF CORREC		(X5)
(X4) ID PREFIX TAG		ICY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF	G	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OPRIATE	COMPLETION DATE
G 158	Continued From p	page 2	G	158	faxing a missed visit report. the fax confirmation will be		
	result in delay of the their goals. Finding * Patient #1 was a of 12/10/07. The p	68 year old male with a SOC atient's POC, dated 4/8/08, I			patient record. See attachr The following will be adde monthly and quarterly cha tool and responsibility for monitoring has been assig OBQI Coordinator and nursupervisors	d to the rt audit this gned to the	
	documented that repatient as follows: 1 time for the first 2 times for the second time for the third. The record contained during week #2 or contained no documented for the fourth However, the nurse 4/29 and 5/2/08. Thowever, contained stated, "Skilled nuthen 1 x wk x 2 who was a commented evidented and the was only second for the mise. On 6/3/08 at 3:40 reviewed the patient.	week cond week week med only one nursing visit a 4/22/08. The record amented evidence that a conducted that week. The don't contain a physician in week starting 4/27/08. See had seen the patient on the patient's record did, an order dated 5/9/08 that area 1 more time this week, ks, 2 x wk x 2 wks, then re evastarting 5/18/08, there was no ence the nurse had seen the eek beginning 5/25/08 the een once. There was no ence the physician had been seed or extra visits. PM, the case manager ent's record and confirmed the			supervisors. Look at the missed visit orders, communication of there evidence that MD, DPM has been notified of missed visit? Look at the SOC, ROC, recertification, orders: It visit is ordered, is there reason for the visit noted attachments D and E. The above changes will be with all nursing staff and to contractors. See attachment J.	reports, notes: Is DO, or of the f a prn a specific d? See e reviewed herapy	
	of 5/1/08. The par	a 61 year old male with a SOC tient's OT POC, dated 5/6/08, OT was to see the patient as	,				

Event ID: B9L511

CENTERS	S FOR MEDICARE 8	R MEDICAID SERVICES				OND NO.	0930-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION	(X3) DATE SUF COMPLETE	
		137002	A. BL	IILDIN	NG	06/05/	/2008
		107002	B. W.	ING _		00,00	
NAME OF F	PROVIDER OR SUPPLIER	L		STR	EET ADDRESS, CITY, STATE, ZIP CODE		-
PANHA	NDLE HEALTH D	DISTRICT			500 N ATLAS ROAD IAYDEN, ID 83835		
		ATEMENT OF DEFICIENCIES I	ID		PROVIDER'S PLAN OF CORREC		(X5) COMPLETION
(X4) ID PREFIX TAG		NCY MUST BE PRECEDED BY FULL LLSC IDENTIFYING INFORMATION)	PREF TA		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI		DATE
C 150	Cartinuad France	2 2	ļ	158	DEFICIENCY)		
G 150	Continued From p	bage 3		100			
	Evaluation plus 2 t	times for the first week					
	3 times a week for						
	2 times a week for	4 weeks	-				
		ned documentation of only two					
		eek #3. The record contained idence that a third visit was					
	no documented ev conducted that we	the desired and the second of			*		
	The Control of the Co	ence the physician had been					
	notified of the mis	99,279-54,544,54187,34581,244.					
	, , , , , , , , , , , , , , , , , , , ,						
		PM, the case manager					
		ent's record and confirmed the					
	missed visit.						
***************************************	*Patient #11 was	an 87 year old female with a					
1	1	he patient's POC, dated					
	5/14/08, documen	ited that SN was to see the					
		week for 4 weeks. The record					
		e nursing visit during the week					
	E .	cord contained no ence that a second visit was					
		eek. There was no				•	
	A construction of the format of the construction of the Constructi	ence the physician had been					
	notified of the mis						
		PMAR M 15					
	1	PM, the case manager					
	reviewed the patie	ent's record and confirmed the					
	iiiissed visit.						
	*Patient #7 was a	54 year old male with SOC					
	5/11/2008. His ini	tial POC, dated 5/11/08, called	I				
		during the first week.					
		nowed visits on 5/11, 5/12 and	1				
		were only three SN visits done ek. No missed visit notes to	2				
	the MD were doc						
		PM the case manager					
	j	ord and confirmed the missed				•	
1	vicit		1		1		1

CENTERS	S FOR MEDICARE 8	& MIEDICAID SERVICES					J. 0930-039 i
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2)	MULT	IPLE CONSTRUCTION	(X3) DATE SU	
711010110			A. BL	ILDIN	vG		
		137002				06/0	5/2008
	NDLE HEALTH D	DISTRICT		8	EEET ADDRESS, CITY, STATE, ZIP CODE S500 N ATLAS ROAD HAYDEN, ID 83835		
	SUMMARY ST	ATEMENT OF DEFICIENCIES I	T 15	1	PROVIDER'S PLAN OF CORRE	CTION	(X5)
(X4) ID PREFIX TAG	•	NCY MUST BE PRECEDED BY FULL LLSC IDENTIFYING INFORMATION)	ID PREF TA	IX G	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)		COMPLETION DATE
G 158	Continued From p	page 4	G	158			
	SOC of 3/20/08. SN, PT and OT. I stated visits woul for three weeks. documentation of #2, 3/30/08 - 4/5/two visits. There patient's chart, wexplanation that I was missed becaservices available. On 6/4/08 at 1:00	a 93 year old female with She received services from Her OT POC, dated 3/21/08, d be made two times a week The record contained fonly one OT visit during week 08, instead of the prescribed was a missed visit note in the ritten by the OT, with the he visit scheduled for 3/31/08 use there were no OT e that day.					
	8/20/07. His POC visits to be done then once a weel the patient on 4/2 extra, unordered There was no do	a 57 year old male with SOC c, dated 4/15/08, showed OT twice a week for one week k for three weeks. OT visited 21 and 4/24/08. This was one visit for the week of 4/20/08. ocumentation that this extra by or communicated to the					
The control of the co		PM, the case manager ord and confirmed the extra			•		
	with SOC 7/9/07 4/2/08, called for week. SN visited made during the	s a 10 year old quadriplegic . A physician's order, dated . SN visits to occur every other on 4/17/08 but no visit was week of 4/27/08. There was n that the physician was issed visit.					
		0 PM, the case manager ord and confirmed the missed					

PRINTED: 06/29/2008 FORM APPROVED OMB NO. 0938-0391

		I (MAIL DO ON TO TO CONTROL CONTROL	··			CVON DATE CUE	WEY.
	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DEPLAY OF CORRECTION IDENTIFICATION NUMBER:		(X2) I	MULTI	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BU	ILDIN	G		
		137002	B. WI	NG		06/05/	2008
NAME OF E	ROVIDER OR SUPPLIER	L		STRI	EET ADDRESS, CITY, STATE, ZIP CODE		* * * * * * * * * * * * * * * * * * * *
PANHANDLE HEALTH DISTRICT			8	500 N ATLAS ROAD AYDEN, ID 83835			
(X4) ID PREFIX TAG	(EACH DEFICIE	FATEMENT OF DEFICIENCIES I NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	- 1	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
G 158	Continued From poisit.	page 5	G	158			
	SOC 4/2/08. The 4/23/08, called for four weeks. There showing visits on Only one visit was and three. There during the fourth was no document been notified of the On 6/4/08 at 1:00	a 91 year old patient with a patient's PT POC, dated or visits two times a week for e was no documentation 4/25/08, 4/29/08 and 5/5/08. It is made during weeks one, two was only one visit made week, 5/11 - 5/17/08. There station that the physician had hese missed visits.					
C 222	visits.	ord and confirmed the missed	G	332	To ensure that the initial ass	ossmont	8/01/08
G 332	The initial assess within 48 hours of the patient's return ordered start of ordered start interview, it failed to ensure the were done within patients, (#2, 4 areviewed for asservices and the include:	D is not met as evidenced by: review, patient interview and was determined that the HHA that initial assessment visits 48 hours of referral for 3 of 19 and 16), whose records were essment of timely admission, actice could delay needed rapies to patients. Findings		JJZ	visit is held either within 48 h referral, or within 48 hours of patient's return home, or on physician-ordered start of ca the following will take place: Policy and procedures the the above will be reviewed nursing staff and therapy contractors. See attache and N. Nursing supervisors or RN verify the status of pendin on a daily basis. Policies procedures will be revised this accountability. See at M. The following will be adde	ours of the the re date, at pertain to d with all ments I, J N Sr., will ag referrals and t to reflect ttachment	
The state of the s	* Patient #2 was an 61 year old female who was referred to home health because of a joint replacement. The patient's clinical record included a physician's order dated 5/23/08 for Home Health. The patient's clinical record				monthly and quarterly cha tool and responsibility for monitoring has been assig OBQI Coordinator and nu supervisors. Look at	this gned to the	

Facility ID: OAS001430

(EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) G 332 Continued From page 6 contained a "Start or Resumption of Care" document dated 5/27/08, the date the nurse conducted the initial assessment. This was a span of 4 days from the physician's referral. The clinical record did not provide documented evidence that the physician was contacted to approve the delay in initial assessment and treatment. On 6/3/08 at 4:15 PM, the case manager reviewed the patient's record and could not explain why the SOC was on 5/27/08. On 6/5/08 at 8:45 AM, the patient was interviewed. She stated she was discharged from the hospital on 5/23/08. She said by 5/25/08 she had not heard from the HHA and called the discharge planner at the hospital to see why the HHA and rot contacted her. She said she was told the referral was made and was given the phone number for the HHA. She called the HHA on 5/25/08 the HHA returned		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) !	MULTII	PLE CONSTRUCTION	(X3) DATE SUF	
PANHANDLE HEALTH DISTRICT (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (REGULATORY OR LSC IDENTIFYING INFORMATION) G 332 Continued From page 6 contained a "Start or Resumption of Care" document dated 5/27/08, the date the nurse conducted the initial assessment. This was a span of 4 days from the physician's referral. The clinical record did not provide documented evidence that the physician was contacted to approve the delay in initial assessment and treatment. On 6/3/08 at 4:15 PM, the case manager reviewed the patient's record and could not explain why the SOC was on 5/27/08. On 6/5/08 at 8:45 AM, the patient was interviewed. She stated she was discharged from the hospital on 5/23/08. She said by 5/25/08 she had not heard from the HHA and called the discharge planner at the hospital to see why the HHA had not contacted her. She said she was told the referral was made and was given the phone number for the HHA. She called the HHA on 5/25/08, the HHA returned 8500 N ATLAS ROAD HAYDEN, ID 83835 PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG (CAS) (CACH CORN THE APPROPRIATE DATE (CACH CORN THE APPROPRIATE (CACH CACH CORN THE APPRO			137002				06/05/	/2008
SUMMARY STATEMENT OF DEFICIENCIES I (X4) ID REGULATORY OR LSC IDENTIFYING INFORMATION) G 332 Continued From page 6 contained a "Start or Resumption of Care" document dated 5/27/08, the date the nurse conducted the initial assessment. This was a span of 4 days from the physician's referral. The clinical record did not provide documented evidence that the physician was contacted to approve the delay in initial assessment and treatment. On 6/3/08 at 4:15 PM, the case manager reviewed the patient's record and could not explain why the SOC was on 5/27/08. On 6/5/08 at 8:45 AM, the patient was interviewed. She stated she was discharged from the hospital on 5/23/08 She said by 5/25/08 she had not heard from the HHA and called the discharge planner at the hospital to see why the HHA and rot contacted her. She said she was told the referral was made and was given the phone number for the HHA. She called the HHA on 5/25/08, the HHA returned	NAME OF P	PROVIDER OR SUPPLIER		i	STRE	EET ADDRESS, CITY, STATE, ZIP CODE	<u></u>	
(EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) G 332 Continued From page 6 contained a "Start or Resumption of Care" document dated 5/27/08, the date the nurse conducted the initial assessment. This was a span of 4 days from the physician's referral. The clinical record did not provide documented evidence that the physician was contacted to approve the delay in initial assessment and treatment. On 6/3/08 at 4:15 PM, the case manager reviewed the patient's record and could not explain why the SOC was on 5/27/08. On 6/5/08 at 8:45 AM, the patient was interviewed. She stated she was discharged from the hospital on 5/23/08. She said by 5/25/08 she had not heard from the HHA and called the discharge planner at the hospital to see why the HHA and rot contacted her. She said she was told the referral was made and was given the phone number for the HHA. She called the HHA on 5/25/08 the HHA returned	PANHA	NDLE HEALTH D	DISTRICT		l .			
contained a "Start or Resumption of Care" document dated 5/27/08, the date the nurse conducted the initial assessment. This was a span of 4 days from the physician's referral. The clinical record did not provide documented evidence that the physician was contacted to approve the delay in initial assessment and treatment. On 6/3/08 at 4:15 PM, the case manager reviewed the patient's record and could not explain why the SOC was on 5/27/08. On 6/5/08 at 8:45 AM, the patient was interviewed. She stated she was discharged from the hospital on 5/23/08. She said by 5/25/08 she had not heard from the HHA and called the discharge planner at the hospital to see why the HHA had not contacted her. She said she was told the referral was made and was given the phone number for the HHA. She called the HHA on 5/25/08 and left a message. She stated that on 5/27/08, the HHA returned		(EACH DEFICIE	NCY MUST BE PRECEDED BY FULL	PREF1		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	OULD BE ROPRIATE	(X5) COMPLETION DATE
Patient #4 was an 87 year old female with SOC 2/17/08. A doctor's order for OT was obtained on 2/25/08. The initial visit for evaluation by OT was not made until 3/3/08. There was no documentation in the record as to why this visit was deferred. On 6/5/08 the Administrator confirmed that this initial visit was not made within 48 hours of referral order as required. Patient #16 was a 93 year old patient with SOC 3/20/08. She was hospitalized following a fall. She was discharged on 4/13/08. A physician's		contained a "Start document dated 5 conducted the initispan of 4 days fro clinical record did evidence that the approve the delay treatment. On 6/3/08 at 4:15 reviewed the patie explain why the S On 6/5/08 at 8:45 interviewed. She strom the hospital of 5/25/08 she had realled the discharsee why the HHA said she was fold was given the phocalled the HHA or She stated that or her phone call and Patient #4 was an 2/17/08. A doctor on 2/25/08. The ir was not made und documentation in was deferred. On 6/5/08 the Addinitial visit was not referral order as referral #16 was a 3/20/08. She was	or Resumption of Care" /27/08, the date the nurse ial assessment. This was a m the physician's referral. The not provide documented physician was contacted to in initial assessment and PM, the case manager ent's record and could not OC was on 5/27/08. AM, the patient was stated she was discharged on 5/23/08. She said by not heard from the HHA and ge planner at the hospital to had not contacted her. She the referral was made and one number for the HHA. She in 5/25/08 and left a message in 5/27/08, the HHA returned docame out to her house. A 87 year old female with SOC is order for OT was obtained initial visit for evaluation by OT it 3/3/08. There was no the record as to why this visit ministrator confirmed that this t made within 48 hours of equired. A 93 year old patient with SOC hospitalized following a fall.		332	communication notes: I evidence that the comm note details the status of pending referral if the painitial visit is not completed the status of referral? Seattachments D and E. The above changes will be reviewed with all nursing states the states of the	unication of a atient's eted within e e staff and	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2)	MULT	TPLE CONSTRUCTION	(X3) DATE SUI COMPLETI	
		137002			NG	06/05	/2008
NAME OF I	PROVIDER OR SUPPLIER		B. W.		REET ADDRESS, CITY, STATE, ZIP CODE		
	NDLE HEALTH D	ISTRICT		8	3500 N ATLAS ROAD HAYDEN, ID 83835		
(X4) ID PREFIX TAG	(EACH DEFICIEN	ATEMENT OF DEFICIENCIES I ICY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF. TAG	īΧ	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
G 332	Continued From pa	age 7	G	332	DE 102.101)	***************************************	
	order to resume ca Resumption of Car the required 48 ho communication no that stated, "Admit staff availability". A and resumption of On 6/5/08 the Adm	are was dated 4/17/08. Her re visit was not done within urs after referral. There was a te in the record from nursing deferred until 4/19 due to actual SN visit for evaluation care was dated 4/20/08. Ininistrator confirmed that the ot done within the required					
Lucas							

FORM APPROVED

CENTERS	S FOR MEDICARE 8	MEDICAID SERVICES				OMB NO.	. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2)	MULT	IPLE CONSTRUCTION	(X3) DATE SUI COMPLETI	
		427002	A. BU	ILDIN	NG		
		137002	B. WI	NG _		06/05	/2008
NAME OF F	PROVIDER OR SUPPLIER	1	J	STR	EET ADDRESS, CITY, STATE, ZIP CODE	1	
PANHA	NDLE HEALTH D				500 N ATLAS ROAD IAYDEN, ID 83835		
(X4) ID PREFIX TAG	(EACH DEFICIEN	ATEMENT OF DEFICIENCIES I ICY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF		'PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
N 092	assures that care is and that all of the p assessments are a performs the follow This Rule is not me	ed Nurse. A registered nurse a coordinated between services attents needs identified by the ddressed. A registered nurse ing: It as evidenced by: relates to the coordination of I	N		To ensure that Home Health service records or minutes of case conferent that effective interchange, reporting, coordination of patient care does on following will take place: All SOC, evaluation and interventifor nursing, PT, OT, and ST will be include documentation that the pawas discussed with the appropriat discipline(s). See attachment A. At the beginning of each week all contractors will fax their weekly confary therapy discharges for the names of patients with multiple of involved to be discussed at patient conference at next scheduled paticonference. See attachment B. In preparation for patient care therapy contractors will comple conference form on therapy on that includes a summary of the attachment C. Discussion at patient care conference include: patients with multiple discipled patients with multip	ces establish and cur, the ion visit forms e revised to atient care te therapy alendar, list week and the disciplines at care ient care conference, ete the team ply patients eir care. See ence will siplines, those pending and to the gnature. monthly and onsibility for d to the OBQI ors. Look at nunication ence of	
N 152	care shall be developatient by all discip	I OF CARE Plan of Care. A written plan of oped and implemented for each lines providing services for that are the written plan of care and	N 1	52	if the patient is receiving more is skilled service? See attachment. The appropriate policies and proceivised to address the outlined chattachments F,G, and H. The above changes will be address nursing staff and therapy contract attachments I and J. To ensure that the agency followritten plan of care established periodically reviewed by a documedicine, osteopathy, or podimedicine, the following will tal	than one of the D.E. edures will be anges. See essed with all ors. See lows a ed and ctor of intric	
	This Rule is not me Refer to G 158 as i	et as evidenced by: t relates to the delivery of care			 Policy and procedures will be to accept visit ranges ie., 2- weeks and PRN visits may 	4 X/wk X 8	

requested as long as they are qualified. This change in practice will reduce the number of missed/extra visits. **See** attachment K.

Technical Records Specialists will be responsible for reconciliation of visits with MD orders using the Sansio software system. If missed visits occur, the physician will be notified by faxing a missed visit report. A copy of the fax confirmation will be kept in the patient record. **See attachment L.**

- The following will be added to the monthly and quarterly chart audit tool and responsibility for this monitoring has been assigned to the OBQI Coordinator and nursing supervisors.
 - Look at the missed visit reports, orders, communication notes: Is there evidence that MD, DO, or DPM has been notified of the missed visit?
 - ° Look at the SOC, ROC, recertification, orders: If a prn visit is ordered, is there a specific reason for the visit noted? See attachments D and E.
- The above changes will be reviewed with all nursing staff and therapy contractors. See attachments I and J.